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Perfectionism and depression symptom severity in major depressive disorder

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Abstract

In recent years it has been recognized that perfectionism is a multidimensional construct and two Multidimensional Perfectionism Scales have been developed and investigated in relative isolation [Frost, R.O., Marten, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive Therapy and Research*, 14, 449–468; Hewitt, P.L., & Flett, G.L. (1991). Perfectionism in the self and social contexts: Conceptualization, assessment and association with psychopathology. *Journal of Personality and Social Psychology*, 60, 456–470]. The present study sought to evaluate the association between various dimensions of perfectionism, higher-order personality dimensions, and self and observer rated depressive symptoms in a group of 145 patients with major depressive disorder. Only three of ten perfectionism dimensions (socially prescribed perfectionism, concern over mistakes and self-criticism) displayed medium to large correlations with depressive symptoms, especially self-report symptoms reflecting depressive cognitive distortions. The results are discussed in relation to the specificity of perfectionism dimensions to depression, adaptive versus maladaptive aspects of perfectionism, and in the context of previous research, much of which has relied on college student samples. © 1999 Elsevier Science Ltd. All rights reserved.

Keywords: Perfectionism; Self-criticism; Depression

1. Introduction

Potentially maladaptive effects of perfectionism have been recognized for many years (Hollender, 1965; Hamachek, 1978). Perfectionism has been regarded as a predisposing factor for depression from both cognitive and psychoanalytic perspectives (Bibring, 1953; Beck, 1967).

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In recent years there has been considerable growth in the perfectionism literature, owing in part to the development of reliable and valid instruments to measure various aspects of perfectionism (for a review see Enns & Cox, in press). Working from different conceptual frameworks, two groups of investigators independently developed instruments entitled the ‘Multidimensional Perfectionism Scale’ (MPS) (Frost et al., 1990; Hewitt & Flett, 1991a). The Frost et al. MPS has the following dimensions based largely on content and potential origins of perfectionism: (1) concern over mistakes, (2) personal standards, (3) parental expectations, (4) parental criticism, (5) doubts about actions and (6) organization. The Hewitt and Flett MPS has dimensions based on the direction of perfectionism: (1) self-oriented perfectionism, (2) other-oriented perfectionism and (3) socially prescribed perfectionism.

Three studies of undergraduate students reported correlations between the Frost et al. MPS dimensions and self-reported depression (Frost et al., 1990; Frost et al., 1993; Minarik & Ahrens, 1996). In each report doubts about actions and concern over mistakes showed the strongest association with depression symptoms (concern over mistakes $r = 0.28$ to 0.52 ; doubts about actions $r = 0.31$ to 0.55). Personal standards and organization showed small or even negative correlations with depression (personal standards $r = -0.32$ to 0.21 ; organization $r = -0.03$ to 0.12). There are no published reports examining the relationship between the Frost et al. MPS dimensions and depression symptoms in clinically depressed samples.

Several studies have reported correlations between the Hewitt and Flett MPS dimensions and depression symptoms in undergraduate student samples (Flett et al., 1995, 1991; Frost et al., 1993; Preusser et al., 1994; Saddler & Buckland, 1995; Saddler & Sacks, 1993). Socially prescribed perfectionism quite consistently showed the strongest correlation with depression ($r = 0.22$ to 0.52). Self-oriented perfectionism showed a more variable, though usually positive correlation with depression ($r = -0.05$ to 0.36), and other-oriented perfectionism generally showed a nonsignificant association with depression ($r = -0.25$ to 0.24). Hewitt and Flett (1991b) found that depressed patients had higher levels of self-oriented perfectionism than both anxiety patients and controls. Socially prescribed perfectionism was elevated in both depressed and anxiety subjects compared to controls. These results suggest that self-oriented perfectionism may be more specific to clinical depression. Finally, a prospective study of current and former depressed patients supported a specific vulnerability hypothesis (Hewitt, Flett, & Ediger, 1996). Self-oriented perfectionism interacted only with achievement stress to predict depressive symptoms. Socially prescribed perfectionism predicted depressive symptoms as a main effect, but did not show an interaction with stress in predicting depression.

The studies reviewed above suggest that the dimensions of perfectionism described by Hewitt and Flett (1991a) and Frost et al. (1990) may vary considerably in their importance to depression. To date, socially prescribed perfectionism and self-oriented perfectionism have received the strongest support. However, there have been few studies on the relationship between the Frost et al. MPS dimensions and depression. Further, only one study has simultaneously investigated correlations between both the Hewitt & Flett and Frost MPS dimensions and self-report depression scores, and it relied on a college student sample (Frost et al., 1993). Socially prescribed perfectionism, concern over mistakes, and doubts about actions all showed significant positive correlations with the Beck Depression Inventory (BDI: Beck,

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